# RECEIVED CENTRAL FAX CENTER

JUL 1 7 2008

### FAX TRANSMISSION

DATE:

July 17, 2008

PTO IDENTIFIER:

10/006,593

**Patent Number** 

Application Number

Inventor:

Bowdish et al.

MESSAGE TO:

US Patent and Trademark Office

**FAX NUMBER:** 

(571) 273-8300

FROM:

ROPES & GRAY LLP

Jennifer K. Holmes, Ph.D., J.D.

PHONE:

(617) 951-7933

Attorney Dkt. #:

ALEX-P01-054

PAGES (Including Cover Sheet):

19

CONTENTS:

Fee Transmittal (1 page) w/ copy

Terminal Disclaimer (1 page)

Amendment & Response to Final Office Action (14 pages)

Charge \$65.00 to deposit account 18-1945 Certificate of Transmission (1 page)

If your receipt of this transmission is in error, please notify this firm immediately by collect call to sender at (617) 951-7933 and send the original transmission to us by return mail at the address below.

This transmission is intended for the sole use of the individual and entity to whom it is addressed, and may contain information that is privileged, confidential and exempt from disclosure under applicable law. You are hereby notified that any dissemination, distribution or duplication of this transmission by someone other than the intended addressee or its designated agent is strictly prohibited.

#### **ROPES & GRAY LLP**

One International Place, Boston, Massachusetts 02110 Telephone: (617) 951-7000 Facsimile: (617) 951-7050

#### JUL 1 7 2008

PTC/SB/97 (08-04)
Approved for use through 07/31/2006. OMB 0651-0031
U. S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of Information unless it displays a valid OMB control number

Application No. (if known): 10/006,593

Attorney Docket No.: ALEX-P01-054

### Certificate of Transmission under 37 CFR 1.8

I hereby certify that this correspondence is being facsimile transmitted to the United
States Patent and Trademark Office.

on	July 17, 2008
-	Date

andrea Bo	ndla
, Signatu	re
Andrea Bo	
Typed or printed name of pe	rson signing Certificate
•	(617) 951-7000
Registration Number, if applicable	Telephone Number

Note:

Each paper must have its own certificate of transmission, or this certificate must identify each submitted paper.

Fee Transmittal (1 page) w/ copy Terminal Disclaimer by Applicant Attorney (1 page) Amendment & Response to Final Office Action (14 pages) Charge \$65.00 to deposit account 18-1945

## JUL 1 7 2008

Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): 2814 Statutory Disclaimer 65.00  SUBMITTED BY  Signature Registration No. (Attornophapent) 46,778 Yelephone (617) 951-7933	Under the Paperwork Redu	ction Act of 1996	no person ere requ	ulred to		n of informati		a vallo OME	
FEE TRANS MITTAL FOR Y 2008    X   Applicant claims amale entity status, See 37 CFR 1.27   And Unit 1843     TOTAL AMOUNT OF PAYMENT   (b) 65.00   Attorney Docket No.   ALEX-PD1-054	FEE TRANSMITTAL								
For FY 2008    First Named Invarior   Keitherine S. Bowcish				- 11 1111					
For FY 2008    First Named Invarior   Keitherine S. Bowcish				7					
Application Type Fee (3) Palati 1015 Palati 210 105 Palati 210 210 210 210 210 210 210 210 210 210							owdish	····	
TOTAL AMOUNT OF PAYMENT (4) 65.00 Attorney Docket No. ALEX-PD1-054  METHOD OF PAYMENT (check all that apply)  Check Credit Card Money Order None Other (glease identify):  X Deposit Account Name: Ropes & Gray LLP  For the above-dentified deposit account, the Director is hereby authorized to: (check all that apply)  X Charge fee(s) indicated below Care of the filling fee (a) indicated below, except for the filling fee (a) charge any additional fee(s) or underpeyments of fee(s) indicated below, except for the filling fee (a) charge any additional fee(s) or underpeyments of fee(s) indicated below, except for the filling fee (a) charge fee(s) indicated below, except for the filling fee (a) charge any additional fee(s) or underpeyments of fee(s) indicated below, except for the filling fee (a) charge f	FOI F1 2006			Examiner Name Anne Gusso					
METHOD OF PAYMENT (check all that apply)   Check   Credit Card   Money Order   None   Other (please identify):	x Applicant claims small	entity status.	See 37 CFR 1.27		Art Unit 1643				
Check Credit Card Money Order None Other (akase identify):    X   Deposit Account Deposit Account Number: 18-1945   Deposit Account Name: Ropes & Gray LLP	TOTAL AMOUNT OF PAYME	NT	(\$) 65.00		Attorney Docket	No.	ALEX-P01-054	<u> </u>	
X   Deposit Account   Deposit Account Number   18-1945   Deposit Account Name   Ropes & Gray LLP	METHOD OF PAYMEN	T (check all t	hat apply)						
For the above-Identified deposit account, the Director is hereby authorized to: (chack all that apply)    X   Charge fee(s) indicated below	Check Credit C	and N	Joney Order	Not	ne Other (	please identif	(y):		
Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filling fee  Charge any additional fee(s) or underpayments of  Charge any additional fee(s) or underpayments of  Charge fee(s) indicated below, except for the filling fee  Charge fee(s) indicated below, except for the filling fee  Charge fee(s) indicated below, except for the filling fee  Charge fee(s) indicated below, except for the filling fee  Charge fee(s) indicated below, except for the filling fee  Charge fee(s) indicated below, except for the filling fee  Charge fee(s) indicated below, except for the filling fee  Charge fee(s) indicated below, except for the filling fee  Charge fee(s) indicated below, except for the filling fee  Charge fee(s) indicated below, except for the filling fee  Charge fee(s) indicated below, except for the filling fee  Charge fee(s) indicated below, except for the filling fee  Charge fee(s) indicated below, except for the filling fee  Charge fee(s) indicated any overpayments  Charge fee(s) indicated below, except for the filling fee fee fee)  Charge fee(s) indicated below, except for the filling fee fee(s) indicated in and fee fee(s) indicated in any overpayments  Fee Claim fee filling fee(s) indicated and fen in greater fee fee fee fee(s) indicated below, except for the filling fee fee fee fee fee feet in any overpayments  Small Entity  Fee (s) indicated except feet feet feet feet feet feet feet f	X Deposit Account Depo	sil Account Numb	per: 18-1	945	Deposit A	Localunt Name	. Ropes	& Gray	LLP
Charge any additional fee(s) or underpeyments of   X   Credit any overpayments	For the above-ident	ifled deposit :	account, the Dire	actor is	hereby authorize	d to: (ched	ck all that apply)		
	X Charge fee(s)	indicated be	low		Charge	e fee(s) inc	dicated below, e	cept for t	the filing fed
FEE CALCULATION				ents o	f X Credit	any overpa	ayments		
Figure   Filing   F		7 CFK 1.10 a	31KJ 1.17		· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·		
Filing FEES   Small Entity   Fee (\$)   Fee (		I. AND EXAM	MINATION FEES	3					
Application Type	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-			ARCH FEES	EXAMIN	NATION FEES		
Utility 310 155 510 255 210 105  Design 210 105 100 50 130 65  Plant 210 105 310 155 160 80  Reissue 310 155 510 255 620 310  Provisional 210 105 0 0 0 0 0  2. EXCESS CLAIM FEES  Fee Description  Each claim over 20 (including Reissues)  Each independent claims over 3 (including Reissues)  Multiple dependent claims  Total Claims  Extra Claims  Fee (5) Fee Paid (5)  Multiple Dependent Claims  Fee (5) Fee Paid (5)  Fee Paid (5)	Application Type			Een (\$		Foe (\$)		Eeee	Dald (\$1
Design   210   105   100   50   130   65     Plant   210   105   310   155   160   80     Reissue   310   155   510   255   620   310     Provisional   210   105   0   0   0   0     Provisional   210   105   0   0   0   0     2. EXCESS CLAIM FEES   Small Entity     Fee Description   Fee (\$)   Fee (\$)     Each claim over 20 (including Reissues)   50   25     Each independent claims   50   25     Each independent claims   50   25     Each dependent claims   50   25     Each dependent claims   50   25     Each independent claims   50   105     Multiple dependent claims   50   105     Multiple dependent claims   70   185     Total Claims   Extra Claims   Fee (\$)   Fee Paid (\$)     HP = highest number of total claims paid for, if greater than 3.   APPLICATION SIZE FEE     Fee Paid (\$)     If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).    Total Sheets   Extra Sheets   Number of each additional 50 or fraction thereof   Fee (\$)   Fee Paid (\$)								reca	<u> </u>
Plant	1 -								· · · · · · · · · · · · · · · · · · ·
Reissue 310 155 510 255 620 310  Provisional 210 105 0 0 0 0 0 0  2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues)  Multiple dependent claims  Total Claims Extra Claims Fee (\$) Fee (\$) Fee Paid (\$)  Multiple Dependent Claims  Fee (\$) Fee Paid (\$)  Mult	1 -								
2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues)  Each independent claims  Multiple dependent claims  Total Claims Extra Claims Fee (\$) Fee Paid (\$)  Multiple Description  Reissues  Rea (\$) Fee Paid (\$)  Multiple Description  Reissues  Multiple Description  Reissues  Rea (\$) Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Reissues  Result Entra  Fee (\$) Fee (\$) Fee (\$)  Reissues  Reissu	i					620	310	-	
Fee Description Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues)  Each independent claims  Total Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Multiple Dependent Claims  Fee (\$)  Fee Paid (\$)  Multiple Dependent Claims  Fee (\$)  Fee Paid (\$)  Multiple Dependent Claims  Fee (\$)  Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20.  Indep. Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Fee Paid (\$)  Number of each additional 50 or fraction thereof  Fee (\$)  Fee Paid (\$)  Fees Paid (\$)  Non-English Specification, \$130 fee (no small entity discount)  Other (e.g., late filing surcharge): 2814 Statutory Disclaimer  Feejstration No. (617) 951-7933	Provisional	210	105	0	0	0	0		····· -
Each claim over 20 (including Reissues)  Each lindependent claim over 3 (including Reissues)  Multiple dependent claims  Total Claims  Extra Claims  Extra Claims  Extra Claims  Extra Claims  Fee (3)  Fee Paid (5)  Multiple Dependent Claims  Fee (5)  Fee Paid (5)  Multiple Dependent Claims  Fee (5)  Fee Paid (5)  HP = highest number of total claims paid for, if greater than 20.  Indep. Claims  Extra Claims  Fee (6)  Fee Paid (5)  HP = highest number of independent claims paid for, if greater than 3.  APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  Fee (5)  Fee Paid (5)  Non-English Specification, \$130 fee (no small entity discount)  Other (e.g., late filling surcharge): 2814 Statutory Disclaimer  Feeiglaration No. (617) 951-7933	2. EXCESS CLAIM FEES								Small Entit
Each independent claims  210 105  Multiple dependent claims  Total Claims  Extra Claims  Extra Claims  Extra Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Multiple Dependent Claims  Fee (\$)  Fee Paid (\$)  Multiple Dependent Claims  Fee (\$)  Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20.  Indep. Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  HP = highest number of independent claims paid for, if greater than 3.  3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  Fee (\$)  Fee Paid (\$)  Fee Paid (\$)  Non-English Specification, \$130 fee (no small entity discount)  Other (e.g., late filing surcbarge): 2814 Statutory Disclaimer  Registration No. (Attorney/Regent)  Registration No. (Attorney/Regent)  Registration No. (Attorney/Regent)  Fee Paid (\$)  Fees Paid (\$)									
Multiple dependent claims  Total Claims  Extra Claims  Fee (S)  Fee Paid (S)  Multiple Dependent Claims  Fee (S)  Fee Paid (S)  Multiple Dependent Claims  Fee (S)  Fee Paid (S)  HP = highest number of total claims paid for, if greater than 20.  Indep. Claims  Extra Claims  Fee (S)  Fee Paid (S)  Fee Paid (S)  HP = highest number of independent claims paid for, if greater than 3.  3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof.  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Non-English Specification, \$130 fee (no small entity discount)  Other (e.g., late filing surrebarge): 2814 Statutory Disclaimer  Registration No. (Automog/Agant)  A8,778 Yelephone (617) 951-7933	•	•							
Total Claims    Extra Claims   Fee (\$)   Fee Paid (\$)		er 3 (Includir	ig Keissues)						
HP = highest number of total claims paid for, if greater than 20.	l ' '	Claime E	taa /\$\	Foo I	Paid (S)	M	uitinie Denenda		
HP = highest number of total claims paid for, if greater than 20.  Indep. Claims	- •	× ×	=						
HP = highest number of independent claims paid for, if greater than 3.  3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets	HP = highest number of total cla	ims paid for, if g	reater than 20.						_
3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets	indep. Claims Extra	Claims F	·oo (8)	Fee F	Pald (5)				
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets	HP = highest number of indepen	dent claims paid	for, if greater than :	<b>3</b> .					
listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets	3. APPLICATION SIZE FEE	<b>:</b>							
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets Extra Sheets Number of each additional 50 or fraction thereof (round up to a whole number) x  4. OTHER FEE(S)  Non-English Specification, \$130 fee (no small entity discount)  Other (e.g., late filing surcharge): 2814 Statutory Disclaimer 65.00  SUBMITTED BY  Fee Paid (\$)  Fees Paid (\$)  Alternoylegenty 46,778 Yelephone (617) 951-7933									
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof   Fee (\$)   Fee Paid (\$)   -100 = #50 = (round up to a whole number) x =   4. OTHER FEE(S)   Fees Paid (\$)   Non-English Specification, \$130 fee (no small entity discount)   Other (e.g., late filing surcharge): 2814 Statutory Disclaimer   65.00    SUBMITTED BY   Registration No. (Attorney/Agant)   46,778   Yelephone   (617) 951-7933						or small es	nuty) for each a	Iditional 5	0
-100 = #50 = (round up to a whole number) x =   4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): 2814 Statutory Disclaimer 65.00  SUBMITTED BY Fees Paid (\$)  Registration No. (Attorney/Agent) 46,778 Yelsphone (617) 951-7933				-		tion thereo	of Fee (5)	Fee	Paid (\$)
A. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): 2814 Statutory Disclaimer 65.00  SUBMITTED BY Fagistration No. (Attorney/Agent) 48,778 Yelephone (617) 951-7933					4		<u>.                                    </u>		
Other (e.g., late filing surcharge): 2814 Statutory Disclaimer 65.00  SUBMITTED BY  Fignature Registration No. (Attorney/Agent) 46,778 Yelephone (617) 951-7933	4. OTHER FEE(S)				•			Fees	Paid (\$)
SUBMITTED BY  Fignature Registration No. (Attornoy/Agent) 46,778 Yelephone (617) 951-7933									
Signature Registration No. (Attorney/Agent) 46,778 Yelephone (617) 951-7933	Other (e.g., late filing surcharge): 2814 Statutory Disclaimer					6	5.00		
(Bittomer/Agent) 40,776 Telephone (B17) 331-7333	SUBMITTED BY								
	Signature Alla	West I	Malmux		Registration No. (Attorney/Agent)	46,778	Yelephone	(617) 95	51-7933
Name (Print/Type) Jennifer K. (folmes, Ph.D., J.D. Dete July 17, 2008	Name (Pm//Type) Jennifer I	K. Holmes, 1	h.D., J.D.				Date	July 17	, 2008

				transmitted by facsimile to the Patent	and
Trademark Office, facsing	mile no. (571) 273-8300, on the	date shown below.	_ `1		
-L-L	nile no. (571) 273-8300, on the	d she			

11208972\_I.DOC

### JUL 17 2008

PTO/SB/17 (10-07)
Approved for use through 06/30/2010. OMB 0851-0332
U.S. Palent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
on collection of information unless to discuss a confection of information unless to discuss a confection of the co

Under the Paperwork Reduction Act of	1995, no parson are required	to respond to a collection	n of information t	uniess it displays	a valid OMB (	control number.
Effective on 12/08	. <del> </del>	Complete If Known				
Fees pursuant to the Consolidated Approp		Application Number 10/006,593		001		
FEE TRANS	Filing Date	December 5, 2001  Katherine S. Bowdish				
For FY 20	First Named Inv	377.21	ne Gussow	OWOISII		
			16		_ ·	
X Applicant ctaims small entity sta		Art Unit	<del> </del>			
TOTAL AMOUNT OF PAYMENT	(5) 65.00	Attorney Docket	No. AL	EX-P01-054		
METHOD OF PAYMENT (check	all that apply)					
Check Credit Card	Money Order	None Other	please Identify):		_	
X Deposit Account Deposit Account	Number: 18-1945	Deposit	Account Name:	Ropes	& Gray L	LP
For the above-identified dep	osit account, the Directo	r is hereby authoriz	ed to: (check a	all that apply)		
Charge fee(s) indicate	d below	Charg	e fee(s) indic	ated below, ex	ciept for th	e filing fee
Charge any additional fee(s) under 37 CFR 1	fee(s) or underpayment .16 and 1.17	s of X Credit	any overpayi	ments		
FEE CALCULATION						
1. BASIC FILING, SEARCH, AND E					<b>.</b>	
F		SEARCH FEES	EXAMIN		)P	Y
Application Type Fee (	<u>Smail Entity</u> 5) Fee (\$) <u>Fe</u> e	Small Entity (\$) Fee (5)	Fee (5)	F40 (\$)	Fees P	Paid (\$)
Utility 310		10 255	210	105		
Design 210	105	00 - 50	130	65		
Plant 210	105 3	10 155	160	80		
Reissue 310	155 5	10 255	620	310		
Provisional 210	105	0 0	0	0		
2. EXCESS CLAIM FEES						Small Entity
Fee Description					Foe (\$)	Fee (\$)
Each claim over 20 (including Reis					50	25
Each independent claim over 3 (inc	luding Reissues)				210 370	105 185
Multiple dependent claims		- Data (A)	A.A.	tiple Depende		
Total Claims Extra Claims	Fee (5) F	ee Paid (\$)	Fee		Fee Pald (5	
HP = highest number of total claims paid fo	of, il greater than 20.		100	147	77 1.77.13	4
Indep. Claims Extra Claims		ee Paid (\$)				_
	× =					
HP = highest number of Independent claims paid for, if greater than 3.						
3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50						
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).						
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (5)  - 100 = (50 = (round up to a whole number) x				<u> -65</u>	F 410 181	
Food Polid (\$)						
4. OTHER FEE(S)  Non-English Specification, \$130 fee (no small entity discount)						
Other (e.g., late filing surcharge): 2814 Statutory Disclaimer 65.00						
SUBMITTED BY	Malma	Registration No.	46,77B	Telephone	(617) 95	51-7933
	yyamı.	(Attorney/Agent)	10,110	Date	July 17	<del></del> -
Name (Priniffype) Jennifer K. Holn	162, 14 U. J.U.	<u> </u>		Date	July 17	, 2000

	_
I hereby certify that this paper (atong with any paper referred to as being attached or enclosed) is being transmitted by facsimile to the Parent and	d
Torrespond Office (see in the Act /571) 273-8300 on the date shown below.	
7/17/09 And And And Allennan	

11208972\_1.DOC